

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



United States Environmental Protection Agency

Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐

B. Subsequent Notification
(complete item C)

ILD 984 922 005

II. Name of Installation (Include company and specific site name)

C O N S O L I D A T E D M E D I C A L L A B S

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 0 1 W A U K E G A N R O A D S U I T E 1 2 0 0

Street (continued)

City or Town

L A K E B L U F F

State

ZIP Code

I L

6 0 0 4 4 -

County Code

County Name

097

LAKE

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1 0 1 W A U K E G A N R O A D S U I T E 1 2 0 0

City or Town

L A K E B L U F F

State

ZIP Code

I L

6 0 0 4 4 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

L E B A K

(first)

C I N D Y

Job Title

MGR HISTOLOGY

Phone Number (area code and number)

7 0 8 - 2 3 4 - 2 0 7 4

VI. Installation Contact Address (See Instructions)

A. Contact Address Location

☒

B. Street or P.O. Box

1 0 1 W A U K E G A N R D S T E 1 2 0 0

City or Town

L A K E B L U F F

State

ZIP Code

I L

6 0 0 4 4 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

C O N S O L I D A T E D M E D I C A L L A B S

Street, P.O. Box, or Route Number

1 0 1 W A U K E G A N R D S U I T E 1 2 0 0

City or Town

L A K E B L U F F

State

ZIP Code

I L

6 0 0 4 4 -

Phone Number (area code and number)

7 0 8 - 2 3 4 - 2 0 7 4

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Year

Yes No X

RECEIVED
JUL 30 1993

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)																																																									
<p>A. Hazardous Waste Activity</p> <p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 Below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p>	<p>B. Used Oil Activity</p> <p>1. On-site</p> <p><input type="checkbox"/> a. Generator Mark 1-5</p> <p><input type="checkbox"/> b. Other Mark _____</p> <p><input type="checkbox"/> 2. Burner</p> <p><input type="checkbox"/> 3. Incinerator</p> <p><input type="checkbox"/> 4. Industrial Furnace</p> <p><input type="checkbox"/> 5. Industrial Boiler</p> <p>2. Specification Used C.I. Fuel Markers (or On-site Burner) Who First Determined the Oil Meets the Specification</p>																																																								
<p>IX. Description of Regulated Wastes (Use additional sheets if necessary)</p> <p>A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">1. Ignitable (D001)</td> <td style="width: 25%;">2. Corrosive (D002)</td> <td style="width: 25%;">3. Reactive (D003)</td> <td style="width: 25%;">4. Toxicity Characteristic (D000)</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">1</td> <td style="width: 16.6%;">2</td> <td style="width: 16.6%;">3</td> <td style="width: 16.6%;">4</td> <td style="width: 16.6%;">5</td> <td style="width: 16.6%;">6</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> <p>C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">1</td> <td style="width: 16.6%;">2</td> <td style="width: 16.6%;">3</td> <td style="width: 16.6%;">4</td> <td style="width: 16.6%;">5</td> <td style="width: 16.6%;">6</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>		1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6																			1	2	3	4	5	6																		
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<p>X. Certification</p> <p>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Signature <i>Cynthia Lebak</i></td> <td style="width: 33%;">Name and Official Title (type or print) HISTORICAL MANAGER</td> <td style="width: 33%;">Date Signed 07-26-92</td> </tr> </table>		Signature <i>Cynthia Lebak</i>	Name and Official Title (type or print) HISTORICAL MANAGER	Date Signed 07-26-92																																																					
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<p><small>Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the form.)</small></p>																																																									

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received:
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number
IL0984922005

II. Name of Installation (Include company and specific site name)

C O N S O L I D A T E D M E D I C A L L A B S

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1 0 1 W A U K E G A N R O A D S U I T E 1 2 0 0

Street (continued)

City or Town State ZIP Code

L A K E B L U F F I L 6 0 0 4 4 -

County Code County Name

0 9 7 L A K E

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1 0 1 W A U K E G A N R O A D S U I T E 1 2 0 0

City or Town State ZIP Code

L A K E B L U F F I L 6 0 0 4 4 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last) (first)

L E B A K C I N D Y

Job Title Phone Number (area code and number)

MGR HISTOLOGY 7 0 8 - 2 3 4 - 2 0 7 4

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing B. Street or P.O. Box

☒ ☐ 1 0 1 W A U K E G A N R D S T E 1 2 0 0

City or Town State ZIP Code

L A K E B L U F F I L 6 0 0 4 4 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

C O N S O L I D A T E D M E D I C A L L A B S

Street, P.O. Box, or Route Number

1 0 1 W A U K E G A N R D S U I T E 1 2 0 0

City or Town State ZIP Code

L A K E B L U F F I L 6 0 0 4 4 -

Phone Number (area code and number) B. Land Type C. Owner Type D. Change of Owner Indicator (Date Changed) Month Year

7 0 8 - 2 3 4 - 2 0 7 4 Yes No X JUL 30 1993

AUG 13 1993

RECEIVED
JUL 30 1993

10 - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer/Disposer (at Installation)
- Note: A permit is required for this activity, see Instructions.
- ☐ a. Generator Marking to Burner
- ☐ b. Other Marking
- Type of Combustion Device
- ☐ 1. Rotary Incinerator
- ☐ 2. Industrial Furnace
- ☐ 3. Industrial Furnace
- ☐ 4. Other
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activity

1. Off-Site Use
- ☐ a. Generator Mark 1-5
- ☐ b. Other Marking
- ☐ c. Burner - Indicate Type
- ☐ d. On-Site Combustion
- ☐ e. In-Site Burner
- ☐ f. Industrial Furnace
2. Specification Used (3-Phase Material or On-site Burner) Who First Claims the Oil Meets the Specification
- ☐ a. Specification Used (3-Phase Material or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D000)

☒☐☐☐☐☐☐☐☐☐☐☐☐☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other waste requiring an LD number. See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Cynthia Lebek

Name and Official Title (type or print)

HISTORY MANAGER

Date Signed

07-26-93

XI. Comments



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

AUG 13 1993

REPLY TO THE ATTENTION OF:

Dear Notifier:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,


A handwritten signature in cursive script, appearing to read "Sharon J. Kiddon".

Sharon J. Kiddon
Environmental Protection Specialist

120984922005

Form Approved OMB No. 2050-0028, Expires 9-30-82

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).		 EPA		Notification of Regulated Waste Activity		RECEIVED Date Received (For Official Use Only) AUG 06 1996	
United States Environmental Protection Agency							
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)							
<input checked="" type="checkbox"/> A. First Notification		<input type="checkbox"/> B. Subsequent Notification (complete item C)		C. Installation's EPA ID Number ILR0000025005			
II. Name of Installation (include company and specific site name)							
CONSOLIDATED MEDICAL LABS							
III. Location of Installation (Physical address not P.O. Box or Route Number)							
Street 101 WAUKEGAN ROAD							
Street (continued) SUITE #1200							
City or Town LAKE BLUFF				State IL	ZIP Code 60044		
County Code 0917		County Name COOK LAKE					
IV. Installation Mailing Address (See instructions)							
Street or P.O. Box SAME							
City or Town				State	ZIP Code		
V. Installation Contact (Person to be contacted regarding waste activities at site)							
Name (last) DEVINE				(first) LINDA			
Job Title LAB MANAGER				Phone Number (area code and number) 847-234-2074			
VI. Installation Contact Address (See instructions)							
A. Contact Address Location Mailing <input checked="" type="checkbox"/>		B. Street or P.O. Box					
City or Town				State	ZIP Code		
VII. Ownership (See instructions)							
A. Name of Installation's Legal Owner CONSOLIDATED MEDICAL LABS							
Street, P.O. Box, or Route Number 101 WAUKEGAN ROAD SUITE 1200							
City or Town LAKE BLUFF				State IL	ZIP Code 60044		
Phone Number (area code and number) 847-234-2074				B. Land Type <input checked="" type="checkbox"/> P	C. Owner Type <input checked="" type="checkbox"/> P	D. Change of Owner Indicator Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				(Date Changed) Month Day Year			

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)

- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☒ 3. Highway
☐ 4. Water
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Refractory
☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - indicate device(s) - Type of Combustion Device

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner Who Claims the Oil Meets the Specification)

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F003	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Linda C. Devine

Name and Official Title (type or print)

Histology Manager

Date Signed

7-17-96

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)